Forward one copy to Housing and Community Development Program - Retain copy for your records.

| | 2 | | |
|-----|----|----|-----|
| Kin | gC | ou | nty |

COMMUNITY DEVELOPMENT BLOCK GRANT

| King County Development Program | | | | | | | | PROGRAM | | | | | | |
|--|--|----------------------|--|--|-------------------------|---|-----------------|---------------------------------------|-----------------------------------|----------------|------------------|---|-----------------|------------------|
| Agency Name: | Institute for Family Development St Quarter 2nd Quarter 3rd Quarter 3rd Quarter 2nd Quarter 3rd Quart | | CDBG Project No.: CDBG Contract No: | C10 CDBG Project Title: D Monthly Jan Feb Mar 2011 Month | | CDBG Project Title: | | PACT (Parents and Children Together) | | | | | | |
| Reporting Period: | | | ☐4 th Quarter OR | | | | | | | | | | | |
| Personnel (State na | ames of employees fu | ınded in whole | or part by you | ur contract) | | | | • | | | | | | |
| Shelley Leavitt, Asso Therapist; Hannah N | ociate Director; Ja Merton, Therapist; | anet Geissle | r, Supervis | or; Melissa Go | orgone, Supervisor; Pa | ula Eronson, Secret | ary; Kin | n House | Therapist; | Jennifer Me | etcalfe, Ther | apist; Keny | a Broadnax | ; |
| We certify that all 0 | CDBG funds exp | pended for | personne | l costs are di | rectly attributed to CI | DBG eligible activi | ties. | · · · · · · · · · · · · · · · · · · · | | | | | | 10. |
| Accomplishment | s By Performa | nce Measu | res | | | | | , | | | | | | |
| Performance Mea | asures | res Reporting Period | | Race (Only fo | or reporting period) | | #Total | #Hispanic (subset of #Total) | Single Head of Incom Household | | | e (only for non-presumed benefit projects) | | |
| | | | | | | White | ` ' | 9 | 9 | · | | | | |
| | | Projected | Actual | Cumulative to Date | | Black/African American | | | | Single Male | Single Female | Moderate (51-80%) | Low (31-50%) | Extremely Low |
| | | | | to Date | | Asiar | | | | Head of | Head of | (01-0070) | (31-3070) | (0-30%) |
| | | į | | | | ean Indian/Alaskan Native | | | | Household | Household | | | , |
| | * | | | | | lian/Other Pacific Islander n/Alaskan Native & White | | | | | | | | |
| | | | | | American mula | | ` ' | | | | | | | |
| 1. Unduplicated served | Individuals | 6 | 9 | 9 | | Asian & White | (17): | | | 0 | 0 | | 9 | |
| 2. Number of se provided | rvice hours | 75 | 164 | 164 | | African American & White | | | | | | <u> </u> | | l |
| 3. | | | | | American Indian/Alaskan | Native Black/African Ame | erican (19): | | | | | | | |
| 4. | | | | | | Other Multi-racial | | | | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | ТОТ | AL: | 9 | | l | | | | |

^{5.} Performance Measures. Provide a narrative explanation if you are behind in meeting performance measures.

^{6.} Program narrative. Please include information such as current trends, program developments, special events, publicity or community education efforts, etc. Be sure to address any discrepancies between the level of services actually provided and performance goals. Attach additional pages as necessary. Please see attached paperwork